

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |   |                          |  |   |   |
|--|---|--------------------------|--|---|---|
| <b>NAME OF FILER</b><br>GROVE FOR ASSEMBLY 2010, SHANNON |   |                          | <b>Date of This Filing</b> 06/02/2010  | Date Stamp<br><br><br><br><br>Page 1 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(661)377-0410           | <b>I.D. NUMBER</b> (if applicable)<br>1325436 |                          | <b>Report No.</b> 47   |   |   |
| <b>STREET ADDRESS</b><br><br>                            |   |                          | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |   |
| <b>CITY</b><br>BAKERSFIELD                               | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>93306 | <b>No. of Pages</b> 2  |   |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 06/02/2010    | Bob Hampton<br>Taft, CA 93268  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Owner<br>Westside Waste Management Co, Inc.   | \$2,400.00      |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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| <b>NAME OF FILER</b><br>GROVE FOR ASSEMBLY 2010, SHANNON |   |                          | <b>Date of This Filing</b> 06/02/2010<br><br><b>Report No.</b> 47<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 2 | <b>Date Stamp</b><br><br><br><br><br><br><br><b>Page 2 of 2</b> | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(661)377-0410           | <b>I.D. NUMBER (if applicable)</b><br>1325436 |                          |  |   |   |
| <b>STREET ADDRESS</b>                                    |   |                          |  |   |   |
| <b>CITY</b><br>BAKERSFIELD                               | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>93306 |  |   |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |

Reason for Amendment: